



Tennessee Student Assistance Corporation

Request for Reinstatement of Federal Student Aid

Name: _____
Address: _____

SSN: (last four) _____
Phone: _____
Cell: _____
Email: _____

I am requesting a Letter of Reinstatement for Federal Student Aid based on the following reason:

- ☐ I have made at least six consecutive on-time payments on my defaulted student loan.
- ☐ My defaulted student loan has been rehabilitated due to nine or more consecutive on-time payments.
- ☐ My defaulted student loan has been paid-in-full or consolidated.
- ☐ My defaulted student loan is currently included in an active bankruptcy.

Please send a copy of the reinstatement letter to:

Name of School: _____
Attention: (contact name) _____
Email: _____
Fax Number: _____

Comments/Requests:

Signature of Student: _____ Date: _____

Mail this form to the address below or fax to the Tennessee Student Assistance Corporation at 615-532-7502

Tennessee Student Assistance Corporation
404 James Robertson Parkway, Suite 1510, Parkway Towers
Nashville, Tennessee 37243-0820
(800) 342-1663 or (615) 741-1346
www.TN.gov/collegepays